LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH 550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



April 15, 2015

TO:

Each Supervisor

FROM:

Marvin J. Southard, D.S.W.

Director

SUBJECT:

GRANT MANAGEMENT STATEMENT FOR SUBSTANCE ABUSE AND

MENTAL HEALTH SERVICES ADMINISTRATION CHILD MENTAL HEALTH INITIATIVE - PROJECT ABC FAMILY WELLNESS NETWORK

FOR FISCAL YEAR 2015-16

Enclosed is the Grant Management Statement for the Substance Abuse and Mental Health Services Administration (SAMHSA) Award for the Child Mental Health Initiative (CMHI) - Project ABC Family Wellness Network for Fiscal Year 2015-16. The County Fiscal Year Allocation for the Department of Mental Health is \$1,625,000. This award is renewable for up to one year and is subject to the availability of funds and satisfactory progress of the program.

The purpose of the SAMHSA CMHI grant is to develop integrated home and community-based services and support for children and youth with serious emotional disturbances and their families by encouraging the development and expansion of effective and enduring systems of care.

If you have any question or concerns, please contact me, or your staff may contact Richard Kushi, Chief, Contracts Development and Administration Division, at (213) 738-4684.

MJS:DM:RK:yl

Enclosure

c: Acting Executive Officer, Board of Supervisors

Interim Chief Executive Officer

County Counsel Robin Kay, Ph.D.

Dennis Murata, M.S.W. William Arroyo, M.D.

Cathy Warner Kimberly Nall Richard Kushi

Youngsook Kim-Sasaki

Lorrie Horst Yvonne Liu

Los Angeles County Chief Executive Office Grant Management Statement for Grants \$100,000 or More

Department. Wental Health							
G <mark>rant Project Title and De</mark> (SAMHSA) Child Mental H							
The purpose of CMHI grants hildren and youth with serion dexpansion of effective an	is to develop integrated us emotional disturband	d home and conces and their fa	nmunit	y-based	l servic	es and sup	ports for
	d chairing systems of	care.					
	Program (Fed. Grant #/State Bill or Code #) SAMHSA Grant No. 1U79 SM059940-06 Board notific acceptance. I applicable.				t Acceptance Deadline		
Funding Agency							
SAMHSA				Deadline not			
Total Amount of Grant Funding: \$1,000,000 Federal Fiscal Year (FY) 2015-16 (\$1,162,500 County FY 2015-16) County Match: \$2,00 In-kind match will be provided in the provided						ded by Dept n and Famil tractors, an	y Services,
						ite: 06/30/	2016
					ime: N/A		
	ations Imposed on the				<u>Expires</u>	-	
Will all personnel hired for this program be informed this is a grant-funded program?					Yes_X_	No	
Will all personnel hired for this program be placed on temporary ("N") items?					Yes_X	No	
Is the County obligated to continue this program after the grant expires?					Yes	No_X_	
If the County is not obligated Department will:	d to continue this program	n after the grant o	expires,	the			
a.) Absorb the program cost without reducing other services						Yes	No <u>X</u> _
b.) Identify other revenue sources (describe below)							
The Department will explore all sources of potential or new funding if there are no existing funds available.						Yes_X_	No
c.) Eliminate or reduce, as appropriate, positions/program costs funded by the grant.						Yes_X_	No
Impact of additional pers	sonnel on existing space	ce:					
Two FTE's initially reque	sted are housed at exist	ting facility.					
Other requirements not i	mentioned above:						
			$\overline{}$				
Department Head S							